

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29823

State File No. ....

FILED SEP 28 1951

BIRTH NO. .... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. R. # 3 JEFFERSON CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>IGNATIUS</u> c. (Last) <u>NIEKAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 23, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 29, 1885</u>		9. AGE (In years last birthday) <u>66</u> Months <u>1</u> Year <u>24</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>LOOSE CREEK, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HERMAN NIEKAMP</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE VERTING</u>		14. NAME OF HUSBAND OR WIFE <u>CORA BUNCH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Bunch Niekamp</u>	
				ADDRESS <u>R.R. #3 J. C.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive CV Disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 23, 1951, to Sept 23, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 5:15 P. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>(MATTHEWS) John D. Matthews, M.D.</u>		23b. ADDRESS <u>425 Madison Jeff City, Mo.</u>		23c. DATE SIGNED <u>9.24.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 26, 1951</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>St. Marys Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>LOOSE CREEK, MO.</u>		(State)	

DATE REC'D BY LOCAL REG. <u>Sept 25-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulla</u>	
				ADDRESS <u>J. C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2640

SEP 2 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address \_\_\_\_\_

*Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.